



City of Casper Transit Division



ADA Complaint Form

The American’s with Disabilities Act (ADA) prohibits discrimination on the basis of disability in State and local government, public accommodations, commercial facilities, transportation, and telecommunications.

This form may be used to file a complaint with Casper Area Transit for alleged violations of ADA. If you need assistance completing this form or if needed in a different language, please contact us by phone at 307-235-8212 or TTY/TTD at 1-800-877-9965.

All information contained in this form remains confidential.

Section 1: Contact information			
<i>Please provide your name and contact information</i>			
Name:			
Address:			
City:			
State:		Zip:	
County			
Home Phone:		Cell Phone:	
Email Address:			
Do you require an accessible format?	Large Print	<input type="checkbox"/>	Audio Tape <input type="checkbox"/>
	TTY/TDD	<input type="checkbox"/>	Other <input type="checkbox"/>

Section II:			
Are you filing this complaint on your own behalf? * Yes <input type="checkbox"/> No <input type="checkbox"/>			
*If you answered “yes” to this section, go to Section III.			
If not, please supply the name and relationship of the person for whom you are filing:			
Have you obtained permission from this person? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Section III:
If you believe you were discriminated against based on a disability, please provide as much detail concerning the alleged discrimination.

Section IV:	
Have you previously filed an ADA complaint with Casper Area Transit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contact Name:	Phone number:

Section V:	
Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If so, list agency/agencies and contact information below.	
Agency:	Contact Name:
Address:	Phone:
Agency:	Contact Name:
Address:	Phone:

You may attach any written materials or other information that you think is relevant to your complaint. Your signature and date are required below:

Complainant Signature _____ Date _____

If you need assistance completing this form, contact the City of Casper at:

Risk Manager
 Physical Address: 200 North David Street
 Mailing Address: 200 North David Street
 Casper, WY 82601
 307-235-8212 (Office)
 1-800-877-9965 (TTY/TDD)
 307-235-7575 (fax)

OFFICE USE ONLY

DATE RECEIVED:	RECEIVED BY: